

2nd Annual Mighty Oaks Acorn Run - 5K Run/Walk/Roll

October 3, 2009 Willamette Park

Gather your family and friends and join us for a run/walk benefiting Mighty Oaks Children's Therapy Center - serving children of all abilities in Linn, Benton, Lincoln, Lane, Polk, and Marion Counties. Since 1983 Mighty Oaks has been providing physical, occupational, and/or speech/language therapy services to children in need, many at little or no cost to their families.



When: October 3, 2009
7:45-8:50 a.m. Registration/Check-in
9:00 a.m. 5K Run/Walk/Roll begins
Awards and raffle to follow

Where: Willamette Park, Corvallis OR
Registration and check-in
will be at the green shelter area.

Race fee is \$20 per racer or \$60 for a family of 3 or more. Individuals registering before September 20, 2009 will receive a free race t-shirt. After Sept. 20th, shirts will be given out while supplies last. Make checks payable to **Mighty Oaks Children's Therapy Center** and **send pre-registration forms and payment to: Maureen Clark - Event Coordinator, 1235 NW Alder Creek Dr., Corvallis, OR 97330.**

All pre-registered racers can pick up their race packets the day of the race at Willamette Park.

Questions: Contact Maureen Clark at clarkclan3@gmail.com.

Name: _____ Birth date: _____ Age: _____ Gender: M or F

Address: _____

City/State/Zip _____

Phone: _____ E-mail _____

T-Shirt size: (Circle) Child S M L Adult S M L XL XXL Additional Donation: _____ Total Amount Enclosed: _____

Waiver and Release

I am aware that participating in the Mighty Oaks Children's Therapy Center Acorn 5K Run/Walk/Roll (the "5K") to be held on October 3, 2009, is a potentially hazardous activity and that I and/or my child should not enter and participate in the 5K unless I and/or my child are physically able. I acknowledge and agree that I, on behalf of myself and/or my child, am solely responsible for all health risks associated with the 5K. I agree to abide by the rules and the decision of any event official relative to my and/or my child's ability to safely compete in the event. I will provide adult supervision for my child to and from the 5K and during the 5K. I assume all risks of personal injury, death, property loss or other damages which may result from or arise out of my and/or my child's participation in the 5K. The foregoing risks shall include, but are not limited to, falls, contact with other participants, the effects of the weather (including high heat and/or humidity), traffic, road conditions, all such risks to myself and/or my child being known or unknown, anticipated or unanticipated, resulting from or arising out of my and/or my child's participation in the 5K. I understand and agree that the foregoing waiver of liability, individually and/or on behalf of my child, shall apply to any and all claims against Mighty Oaks Children's Therapy Center, race day volunteers, all event sponsors, and/or their owners, managers, shareholders, officers, directors, employees, agents, affiliates and their representatives, successors and assigns (collectively, the "Event Affiliates") for any such personal injuries, property loss or other damages connected to or arising out of any of the aforesaid risks. I hereby, individually and/or on behalf of my child, fully and forever waive, release and discharge the Event Affiliates, and each of them, from any and all claims, damages, demands, rights of action or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of my attendance at and participation in the 5K, including those which arise out of the negligence of the Event Affiliates. Further, I hereby, individually and/or on behalf of my child, release and discharge the Event Affiliates from any and all liability for any loss of, or theft of, or damage to personal property, including without limitation, automobiles. I acknowledge and agree that I have carefully read this Waiver and Release and fully understand and agree that it is a waiver and release of liability. I/we hereby agree to release to the race promoter full and exclusive rights to record my performance in said race on film, videotape or still photography for use without compensation. If under 18 years of age, consent of parent or legal guardian is required.

Signature of participant/legal guardian if under 18 _____ Date _____

For you convenience, if entering as a family, please complete additional registration on reverse.

Additional family members to be entered in race:

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